

Molecular Foundry EH& Policy & Procedure Document
EH&S Review of Equipment Brought Into the Foundry by
Staff/Students/Collaborators

Policy

Existing Foundry policy requires that new scientific equipment brought into the facility by *users* be reviewed to identify safety concerns associated with its installation or operation. There is a process to accomplish this built into the user approval mechanism.

This policy document extends this requirement to scientific equipment purchased or brought into the Foundry by *staff, students and non-user guests*. This requirement applies to all scientific equipment valued at more than \$1000, other than those specifically exempted. The review mechanism differs from that applicable to users, however.

This equipment review:

Must be completed before the equipment is:

- Installed by a vendor or
- Operated by Foundry personnel

Is not applicable to

- Computers, computer software or peripherals
- 120 volt plug-in equipment posing none of the non-electrical hazards listed on the review form
- Replacement parts for existing equipment

Process

Complete the form shown in attachment A (electronically or on hard copy) and return it to Kymba A'Hearn. Rick Kelly or Paul Johnson will review the form and, if necessary, will schedule an appointment to examine the equipment, meet with the equipment manager or meet with the vendor to issue a vendor work permit.

Reviewed and Approved for Implementation:



Carolyn Bertozzi
Director, Molecular Foundry

28 September, 2007

Attachment A: Molecular Foundry New Equipment EH&S Review
Applicable to all Equipment Other Than Equipment Brought By Users

Procurement Details

Equipment Description:

Vendor:_____ **Other source:**_____

Building:_____ **Room:**_____

Responsible Individual (Procurement):_____

Responsible Individual (Operation):_____

Vendor Installation? Y N **Warranty or Service Contract?:** Y N

Potential Hazards Associated with this Equipment:

Electrical (>50 V)_____ Mechanical_____ Chemical_____

Ionizing Radiation_____ Microwave/RF_____ Magnetic Field_____

Laser_____ Biological_____ Other _____

Details_____

Review

Comments_____

Vendor Permit Required? Y N

Approved: _____

Date:_____